

1. Use a typewriter or print answers in black ink.
2. Answer all questions in unshaded area. Credit may not be given for incomplete information. Leave shaded areas blank.
3. Date and sign this page.
4. Print your Last Name in the left margin.
5. Keep a copy of completed application materials for your files.

Last Name	First	Middle Initial
Address	Apt. #	
City	State	Zip Code
Day phone:	()	-
Evening phone:	()	-
Email Address:		
Social Security Number - - -		

Do you currently live in the City of Milwaukee?
☐ Yes ☐ No

If yes, when did you become a resident?
(month/year) _____

NOTE: *City employees must live in the City. Residency proof will be required at the time of hire or within six months.*

List any other names by which you have been known on official records:

MINIMUM REQUIREMENTS

IMPORTANT: Do you meet **ALL** of the following requirements? ☐ Yes ☐ No

If No, your application will not be accepted for this particular opening, please watch for other opportunities at www.milwaukee.gov/der

☐ **MINIMUM REQUIREMENTS:**

1. Three years of experience in local and wide area network installations, maintenance, repair, and related technical and software functions and concerns, including experience with Novell and/or Microsoft NT networks
2. Associate's Degree in Information Management, Computer Science, Mathematics, Business Administration, or a closely related field from a college accredited by an agency recognized by the Council for Higher Education Accreditation, U.S. Department of Education or a foreign equivalent. **NOTE: Equivalent combinations of education and experience may also be considered.**
3. Certified Novell Engineer (CNE) certification or Microsoft Certified Systems Engineer (MCSE) and one other job related certification; e.g. A+ certification.
4. Residence in the City of Milwaukee within six months of appointment.

EMPLOYMENT INFORMATION

Are you legally authorized to work for *any* employer within the United States? ☐ Yes ☐ No

There may be a possibility of employment with other organizations. If so, may we refer your name? ☐ Yes ☐ No

Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):

If you are ☐ PRESENTLY or were ☐ PREVIOUSLY employed by the City of Milwaukee, list the following:

POSITION TITLE	DEPARTMENT	PENSION NUMBER	FROM (MO./YR.) TO (MO./YR.)
If you have ever been convicted of an offense other than minor traffic violations, list details below. If you list convictions, provide your birth date on page 9. Your birth date will be used for conviction verification only. Use separate sheet if necessary:			
CHARGE	DATE	LOCATION	COURT
DISPOSITION OF CASE			

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge.

READ CAREFULLY BEFORE SIGNING

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: _____ **DATE:** _____

EDUCATION AND TRAINING

Circle the highest grade completed in High School: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? ☐ Yes ☐ No If Yes, Name and Location of High School _____Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.

Name and Location Of School	Dates Attended From Mo./Yr. To Mo./Yr.	Credits Earned	Major and Minor Fields of Study	Type of Degree Date Completed

Additional coursework, training programs, or professional seminars completed which may be relevant to this position. Do not list courses required for above degrees.

Title	Sponsoring Organization/ Academic Institution	Dates Attended	Credits

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for a position. If more space is needed see following page.

Current or Last Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:

Describe your job responsibilities:

Employer	From: _____ To: _____ Month/year month/year
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

Employer	From: _____ To: _____ Month/year month/year
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

[illegible]

If more space is needed please make additional copies of this page or attach additional sheets.

I. EDUCATION OR TRAINING – PLEASE ATTACH TRANSCRIPTS

A. Bachelor's Degree: Yes _____ No _____

Major: _____ Minor: _____

College or University: _____ Date: _____

B. Master's Degree: Yes _____ No _____

Major: _____ Minor: _____

Thesis or Special Emphasis: _____

College or University: _____ Date: _____

C. List any additional coursework or training programs, or professional seminars you have completed which may be related to the **Network Analyst – Associate** position:

COURSEWORK, PROGRAM OR SEMINAR TITLE	SPONSORING ORGANIZATION OR ACADEMIC INSTITUTION	DATES ATTENDED	CREDITS

D. Professional Designations

1. Please indicate if you currently have any of the following certifications. Add any other related certifications you currently have:

CERTIFICATION	YES	NO	CERTIFICATE NO.	DATE GRANTED
A +	<input type="checkbox"/>	<input type="checkbox"/>		
NOVELL CNA	<input type="checkbox"/>	<input type="checkbox"/>		
NOVELL CNE	<input type="checkbox"/>	<input type="checkbox"/>		
MICROSOFT MCSE	<input type="checkbox"/>	<input type="checkbox"/>		
MICROSOFT MCSA	<input type="checkbox"/>	<input type="checkbox"/>		
CISCO CCNA	<input type="checkbox"/>	<input type="checkbox"/>		
NETWORK +	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

II. WORK EXPERIENCE

List your previous work experience as it relates to the position of **NETWORK ANALYST - ASSOCIATE**. Treat each change of job title as a new entry. Begin with your present position and work back. (If necessary, attach additional sheets using the same format).

1. Title _____
2. From _____ To _____ Total No. of Months _____ Hours/week _____
3. Employer: _____
4. Address _____
5. City _____ State _____ Zip Code _____
6. Supervisor's Name and Title _____
7. Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

_____ %	_____
_____	_____
_____	_____
_____ %	_____
_____	_____
_____	_____
_____ %	_____
_____	_____
_____	_____
_____ %	_____
_____	_____
_____	_____
_____ %	_____
_____	_____
_____	_____

B. Previous Employer

1. Title _____
2. From _____ To _____ Total No. of Months _____ Hours/week _____
3. Employer: _____
4. Address _____
5. City _____ State _____ Zip Code _____
6. Supervisor's Name and Title _____

7. Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

_____ % _____

_____ % _____

_____ % _____

_____ % _____

_____ % _____

C. Previous Employer

1. Title _____

2. From _____ To _____ Total No. of Months _____ Hours/week _____

3. Employer: _____

4. Address _____

5. City _____ State _____ Zip Code _____

6. Supervisor's Name and Title _____

7. Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

_____ % _____

_____ % _____

_____ % _____

_____% _____

_____% _____

III. PROFESSIONAL EXPERIENCE

A. Please describe your specific experience and accomplishments in each of the following areas, including extent of involvement, level of responsibility, frequency and number of years. (Please include the employer name for each question). Attach additional pages if more space is needed.

1. Maintaining operational integrity of Local-Area-Network (LAN), including hardware and software design and testing applications:

2. Maintaining operational integrity of a Wide-Area-Network (WAN), including hardware and software design and testing applications:

3. Establishing and maintaining a network security system and user authorization system:

4. Providing technical support for users and troubleshooting network hardware/software problems:

COMPUTER KNOWLEDGE Please specify computer software products with which you are familiar, give a self-assessment of your skill level, briefly describe your experience (what you used the product for), and estimate approximate amount of experience.

WORD PROCESSING , specify each product name (e.g., MS Word 2000): Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced	Coursework Yes _____ No _____ Job Experience Yes _____ No _____ Years of Experience _____
BRIEF DESCRIPTION OF EXPERIENCE:	
SPREADSHEET , specify each product name (e.g., MS Excel 2000): Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced	Coursework Yes _____ No _____ Job Experience Yes _____ No _____ Years of Experience _____
BRIEF DESCRIPTION OF EXPERIENCE:	
DATA BASE , specify each product name (e.g., MS Access 2000): Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced	Coursework Yes _____ No _____ Job Experience Yes _____ No _____ Years of Experience _____
BRIEF DESCRIPTION OF EXPERIENCE:	
OTHER , specify product name (e.g., WINDOWS 2000, MS PowerPoint 2000, SAS, SPSS, etc.): Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced	Coursework Yes _____ No _____ Job Experience Yes _____ No _____ Years of Experience _____
BRIEF DESCRIPTION OF EXPERIENCE:	

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

A signer

A reader

Extra time

Other (Please describe) _____

Comments:

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

City of Milwaukee

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEASE PRINT OR TYPE

1. Name: _____
LAST
FIRST
MIDDLE

2. Position Applied for: **Network Analyst-Associate**

Recruiting information: How did you **FIRST** hear about this job opening? (Please check only one)

- A. ☐ Milwaukee Journal Sentinel
- B. ☐ Other Newspaper (please specify) _____
- C. ☐ City Hall Posting
- D. ☐ Library Posting
- E. ☐ Community Agency Posting (please specify) _____
- F. ☐ College or University Posting (please specify) _____
- G. ☐ From a City Employee
- H. ☐ From Someone who is NOT a City Employee
- I. ☐ Job Hotline Number (414-286-5555)
- J. ☐ Received Job Interest Postcard in mail
- K. ☐ Job Fair/Career Talk (please specify) _____
- L. ☐ TV (please specify station) _____
- M. ☐ Radio (please specify station) _____
- N. ☐ **www.milwaukee.gov/der**
- P. ☐ OTHER (please specify) _____

2. Sex (please check one): MALE _____ FEMALE _____

3. Race (please check one):
- ☐ Black/African American (not of Hispanic origin)
 - ☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
 - ☐ White/Caucasian/European/North African/Middle Eastern
 - ☐ Native American Indian/Alaskan Native
 - ☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)

4. List any languages, other than English, which you speak FLUENTLY: _____

5. If you have listed offenses (see page 2), provide birthdate _____. Your birthdate will be used for conviction verification only.

6. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.
 I live in the _____ Housing Development.

The above-completed information is true to the best of my knowledge.

SIGNATURE _____ DATE _____